## STATE OF HAWAII—DEPARTMENT OF TAXATION EXEMPTION FROM CONVEYANCE TAX

CLIP THIS FORM TO DOCUMENT TO BE RECORDED. DO NOT STAPLE.

|             |        | <u> </u>                  |   | ,  |                                      |  |                                       |                                     |  |                        |
|-------------|--------|---------------------------|---|--|--------------------------------------|--|---------------------------------------|-------------------------------------|--|------------------------|
|             |        | TAX MAP KE                | <del></del>   |  | -                                    |  |                                       |                                     |  |                        |
| Z           | ↓      | S PLAT                    | PARCEL  | CPR NO.                                      |                                      |  |                                       |                                     |  |                        |
|             |        |                           |   |  |                                      |  |                                       |                                     |  |                        |
|             | J      |                           | L   | <u>.                                    </u> | J                                    |  |                                       |                                     |  |                        |
| ISLAND      |        | AP                        | T. NO   | <del></del>                                  |                                      |  |                                       |                                     |  |                        |
| NAME        | · c O  | DADTICE TO T              | UE BOOLINEN   | T /DI T                                      |                                      |  |                                       |                                     |  |                        |
| NAME        | :5 UI  | PARTIES TO T<br>SELLERS / | TRANSFERO   |  | e or Print)                          | PI                                     | URCHASERS                             | / TRANSFEI                          | REES, ETC.   |                        |
|             |        |                           |   | _  |                                      |  |                                       |                                     |  |                        |
|             |        |                           |   |  |                                      |  |                                       |                                     |  |                        |
|             |        | <del></del>               |   |  |                                      |  |                                       |                                     |  |                        |
| DATE O      | FTA    | ANSACTION:                |   |  |                                      |  |                                       |                                     |  |                        |
|             |        |                           | <u> </u>  | <del></del>                                  |                                      |  |                                       |                                     |  |                        |
|             |        | Checkmark only            |   |  | complete the re<br>ation, see Instr  |  |                                       | <b>OR</b> Part II bu                | t <b>NOT</b> both.   |                        |
| Services    | : Brai | nch, at P. O. Box         | u are claiming is<br>259, Honolulu,                           | s listed in this p<br>Hawaii 96809-          | eart, submit this<br>0259, or at 830 | form for appro                         | oval to the Dep<br>treet, Room 1      | partment of T<br>24, in Honolu      | axation, Taxpaye   | er<br>with the         |
| Bureau d    | of Co  | nveyances.                |   |  |                                      |  |                                       |                                     |  |                        |
|             |        |                           |   |  |                                      |  |                                       |                                     | to title to qualify fo                                       |                        |
| oan) or     | corre  | ction or confirma         | tion (e.g., error i   | in description o                             | of property)                         |  |                                       |                                     |  |                        |
| <del></del> |        |                           |   |  |                                      |  |                                       |                                     |  |                        |
|             |        | IE 0010/EV/11/0E          |   |  |                                      |  |                                       | •                                   |  |                        |
| 1           |        | IE CONVEYANCE  A. GIFT    | INVOLVES AN A   | CTUAL AND FU                                 | ILL CONSIDERA                        | TION OF \$100                          | OR LESS:                              |                                     |  |                        |
|             | _      |                           |   | m durink substability                        |                                      |  |                                       |                                     | 5 (0.0)  |                        |
|             |        | C. OTHER — E              |   |  |                                      |  |                                       |                                     | e Part II, line 2C be  | ∌low)                  |
|             | L.     | o. omen—e                 | .xpiaii i   |  |                                      |  |                                       |                                     |  |                        |
| 2           | 2) T⊦  | HE ATTACHED DO            | CUMENT IS A (   | Check the approx                             | priate box below                     | OF A DOCUM                             | MENT PREVIOU                          | JSLY EXECUT                         | ED. To be used or  | nly to correc          |
|             | a t    | law when title is alr     | ready vested and  | no consideration                             | is paid or to be                     | paid.                                  |                                       |                                     |  | ,                      |
|             |        | A. Confirmation           | document.   | □ в. (                                       | Correction deed.                     |  |                                       |                                     |  |                        |
| 3           | 3) 🗔   |                           |   |  |                                      |  |                                       |                                     | P IN THE PROPER  |                        |
|             |        |                           |   |  |                                      |  |                                       |                                     | e attached a separa  |                        |
|             |        |                           |   |  |                                      |  |                                       | property and the                    | he value of that into  | erest                  |
|             |        |                           | and their propor  |  |                                      |  |                                       |                                     |  |                        |
|             |        | the exemption yo          |   |  |                                      | m directly with                        | n the Bureau o                        | f Conveyance                        | es.  |                        |
| 1           |        | E ATTACHED DO             |   |  |                                      |  |                                       |                                     |  |                        |
|             | _      | A. HUSBAND A              | ND WIFE, and th   | e nominal consid                             | deration is \$                       |  | <del></del>                           | ·                                   |  |                        |
|             | L      |                           |   |  |                                      |  |                                       |                                     | sideration is \$   |                        |
|             |        | sale or transi            | ance is pursuant<br>fer to any other pe<br>or the fair market | erson or a sale o                            | conveyance mus<br>or transfer not in | at be between the<br>strict accordance | e marital parties<br>e with the divor | to the divorce.<br>ce decree is ta: | <ul> <li>Unless otherwise<br/>xed on the consider</li> </ul> | exempt, a eration paid |
|             |        | C. RECIPROCA              |   |  | inal consideration                   | n is \$                                |                                       |                                     |  |                        |
|             |        | D. PARENT AN              |   |  |                                      |  |                                       |                                     |  |                        |
| 2           |        | IE CONVEYANCE             |   |  |                                      |  |                                       | s a:                                |  |                        |
|             |        | A. GIFT: 🗌                | between a grand   | dparent and gran                             | dchild.                              | between sibling                        | gs.                                   |                                     |  |                        |
|             |        | Unless other              | wise exempt, a tra  | insfer between ot                            | her related partie                   | s is taxable base                      | ed on the amoun                       | it of considerati                   | ion paid or to be paid                                       | d. Persons             |
|             |        | •                         | e above related in  |  |                                      |  |                                       |                                     |  |                        |
|             |        |                           |   |  |                                      |  |                                       |                                     | rust to a third party  |                        |
|             | _      |                           |   |  |                                      |  |                                       |                                     | antor revocable livin  |                        |
| -           | ) 🗆    |                           | , wno is the prima<br>D DOCUMENT !:                           |  |                                      |  |                                       |                                     | isfer involving a trus                                       | π in Part I.           |
| •           | , —    |                           |   |  |                                      |  |                                       |                                     | N<br>_ FOR WHICH A \$1                                       | TATE                   |
|             |        |                           | E TAX WAS PAID  |  |                                      |  |                                       |                                     |  | IAIL                   |
| Δ           | ) 🗆    |                           |   |  |                                      |  |                                       |                                     | er.<br>) THE ACTUAL AN                                       | ID EUU                 |
|             | , _    | CONSIDERATI               | ON IS \$  | TODA IA                                      |                                      | LINGUENT IAV                           | バドウ ヘロ イクシビタ                          | OWEN 19 AND                         | FINE ACTUAL AN   | ID FOLL                |

| DAYTIME PHONE NO.: ( ) -   | DAYTIME PHONE NO.: ( ) -   |  |  |  |  |
|--|--|--|--|--|--|
| Signature(s) - Seller(s) / Transferor(s), Etc.   | SIGNATURE(S) - Purchaser(s) / Transferee(s), Etc.  |  |  |  |  |
| as been examined by me (us) and, to the best of my (our) knowledge and belief, is a true, on<br>In the conveyance to which this certificate is appended, pursuant to the Conveyance Tax La | levised Statutes (HRS), that this certificate (including accompanying schedules or statements)   |  |  |  |  |
| Inder Honolulu Ordinance No. 90-68, a "foreign person" is any individual who is<br>rganized under foreign law, or their principal place of business is in a foreign co                     | not a U.S. citizen or an alien resident. The term applies to business enterprises buntry, or 25% or more of the equity or ownership interest is foreign.               |  |  |  |  |
| Check the applicable box(es) if the transferor and/or the transferee is a foreign p  |  |  |  |  |  |
| EPORTING OF REAL PROPERTY INTERESTS LOCATED ON THE ISLAND  | OF OAHU THAT ARE OWNED OR ACQUIRED BY FOREIGN PERSONS.   |  |  |  |  |
| A conveyance tax certificate (either P-64A or P-64B) is not required for the   | Honolulu, Hawaii, 96803-2867. For filing fee information, call (808) 587-0147.   |  |  |  |  |
| ee TIR No. 89-12.  | If the exemption appears in Part II, file the certificate directly with the Bureau of Conveyances at 1151 Punchbowl Street, Honolulu, Hawaii, 96813, or P.O. Box 2867, |  |  |  |  |
| See Tax Information Helease (TIH) No. 89-11 for a discussion of the above  | received by the Taxpayer Services Branch.  |  |  |  |  |

**DAYTIME PHONE NO.: (** 

FORM P-64B